

The Special Attention of Physicians is respectfully invited to the following regulations, which are printed on each

## Board of Health, City of Baltimore.

Permit No. **99772** Office of Registrar of Vital Statistics. Ward **9**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, **May 12 1887**

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. **Augusta Hartman Ernestina Hanna C.**

Sex, Male or Female, Cross out the word not required in this line. **Female**

Age, **52** Years, **1** Months, **1** Days.

Color, **White**

Married, Single, Widow or Widower, Cross out the word not required in this line. **Widow**

Occupation, **Housekeeper**

Birthplace, State or country, and how long in the United States, if of foreign birth. **Germany**

Duration of Residence in the City of Baltimore, **24 years**

Place of Death, Give street and Number. **210 N. Pratt St**

Cause of Death, First (Primary), Second (Immediate). **Pneumonia Exhaustion**

Duration of Last Sickness, **Six months**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **May 15 1887**

Undertaker, **Henry H. Mearns**

Place of Business, **#413 E. Fayette St** Address, **576 Phoenix St**

Medical Attendant, **Geo. H. Pearson M. D.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99773 Office of Registrar ~~of~~ Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 13<sup>th</sup> May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Gracey Glenn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House-Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give Street and Number. } 812 Peach alley

Cause of Death, { First (Primary), Gastric intermittent fever Second (Immediate), Subicular of the bowels }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpshooter

Date of Burial, May 15<sup>th</sup> 1887

{ Undertaker, Harkles Ross

{ Place of Business, Corner of Green

L. D. Dyer M. D.

Medical Attendant.

Address, 224 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9977 Office of Registrar DEPARTMENT OF VITAL STATISTICS Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Flueharty  
Maria Flueharty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 1412 W. Lanvale St.

Cause of Death, { First (Primary), Chronic Gastro-Enteritis  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, May 13/87

{ Undertaker, Emmy Michael Medical Attendant, M. D.

{ Place of Business, 530 W. Hay St. Address, 1914 St. Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

99775

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 12<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Helen V. Burnett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

42

Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

823 N. Lombard St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Cancer of the Stomach

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14<sup>th</sup> 1887

Undertaker, John S. Machor

Place of Business, 150 Camden St.

B. F. Phillips M. D.  
Medical Attendant.

Address, 736 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99776 Office of Registering Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo & Kate Weller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 1111 Chestnut Ave

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia with since Birth

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 14/87

{ Undertaker, Geo Weller } Mr S J Blake M. D.

{ Place of Business, 1111 Chestnut Ave } Address, 602 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 99777 Office of Registrar & Vital Statistics. Ward 14<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13. /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Dimler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 Years, 9 Months,        Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria ✓

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give Street and Number. } 233 Carlton St

Cause of Death, { First (Primary), Valvular lesion of Heart

{ Second (Immediate), exhaustion with complication

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 15<sup>th</sup>

{ Undertaker, Jos. Goerdens & Son M. D. A. H. Saxton

{ Place of Business, 210 N. Schroeder Address, 1136 Lehigh St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *99778* Office of Registrar of Vital Statistics.

Ward *12<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 13/87*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Leslie O. Rookney*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *1* Months, *-* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *507 years*

Place of Death, { Give Street and Number. } *55 Mosher st*

Cause of Death, { First (Primary), Second (Immediate), } *Erysipelas (traumatic),  
Superinduced by accidental blow on head.  
Convulsions (12 hours)*

Duration of Last Sickness, *Total 9 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Olivet Cemetery*

Date of Burial, *May 14*

Undertaker, *Jos. Goendens & Son*

Place of Business, *210 N. Schroeder* Address, *1136 Lincolnton*

*A. H. Saxton* M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99779 Office of Registrar of Vital Statistics.

Ward 7<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary B. Bennett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No 1632 E. Chase St

Cause of Death, { First (Primary), Second (Immediate), } Typho Malaric Fever  
Tubercular Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 14<sup>th</sup> 1887

Undertaker, A. J. Pink son M. D.

Medical Attendant.

Place of Business, No 915 N. Gay St Address, Box 2 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99780 Office of Registrar of Vital Statistics.

Ward 3<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence D Lee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 1 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 120 S Caroline

Cause of Death, { First (Primary), Second (Immediate), } Dentition  
Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14<sup>th</sup>

Undertaker, Jno E Grace

Place of Business, 313 S. Caroline St Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99781

Office of Registrar of Vital Statistics.

Ward 5<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Bessie May Magdalene Smith

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 7 Years, 7 Months, 14 Days.

Color, Col

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. ☒

Occupation, none

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) 715 Madison Ave

Cause of Death, First (Primary), Tuberculosis  
Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, May 14 1887

Undertaker, J. J. Madden

Place of Business, 46 East Ave

J. J. Madden M. D.

Medical Attendant.

Address, 1437 E. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]